

Idaho Medicaid Lab Prior Authorization Form

Fax to: (877) 314-8779

Date Faxed to Medicaid:

MEDICAID PARTICIPANT INFORMATION

Last Name:	First Name:	Intl:
Medicaid ID:	Phone:	Date of Birth:
Diagnosis:		

PHYSICIAN INFORMATION

Name:	Phone:
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LAB PROVIDER INFORMATION

Lab Name:	NPI:
Submitter Contact:	Email:
Phone:	Fax:

REQUESTED LABS

PLEASE NOTE THAT MOST LABS REQUIRE A TELLIGEN APPROVAL
Check the Idaho Fee Schedule to determine if your request requires a Telligen approval or a Medical Care Unit approval.

CPT Code	Description	Quantity	Dates of Service

REQUIRED DOCUMENTATION

Has the physician and member discussed the potential results of the test and agreed that the results will be used to guide therapy?

Yes No

Please fax all medical documentation that supports medical necessity. For example, progress notes, and a letter of medical necessity demonstrating a plan for how test results will direct care.

NOTES

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The status of a prior authorization request may be checked online at the www.IDMedicaid.com under "Authorization Status", using your NPI, or by contacting DXC at (866) 686-4272.

For questions email the Medical Care Unit at: MedicalCareUnit@DHW.Idaho.gov more information is available at www.DME.Idaho.gov and www.IDMedicaid.com.